ATTORNEY OR PETITIONER WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
IN THE MATTER OF (NAME):	Petitioner	CASE NUMBER:
PETITION FOR WRIT OF HABEAS CORPUS—Penal (Commitment	
Petitioner is being unlawfully restrained of liberty at (specify name by (specify name of persons having custody if known):	ne of treatment facili	ty):
2. Petitioner was admitted to the treatment facility on (date): Penal Code § 1026 (not guilty by reason of insanity) Penal Code § 1370 (incompetent to stand trial) Penal Code § 2962 (mentally disordered offender) Other (specify):		and is currently detained pursuant to: 026.5(b) (extended commitment) orisoners transferred to state hospital) 00 (MDSO)
3. Check at least one box: a. Petitioner is illegally confined for the following reason: Output Description:		
b. Petitioner has been denied the following rights without go	ood cause (Penal Co	ode section 2600):
4. Petitioner has no adequate and speedy remedy at law.		
5. Have you made any previous requests for relief from this confiner for your request, the date it was made, and the result:	ment? If yo	our answer is yes, state the nature and grounds
6. Petitioner requests that this court <i>(check all that apply)</i> : a. Issue a Writ of Habeas Corpus to the director of the facilibefore this court at a specified time and place. b. Order the facility personnel to release petitioner from said c. Order that all rights to which petitioner is entitled as a part d. Grant such other relief as this court deems appropriate.	d restraint.	commanding that the petitioner be brought
declare under penalty of perjury under the laws of the State of Calif Date:	ornia that the forego	ing is true and correct.
	(SIGNATURE OF PETITIO	NER OR PERSON REQUESTING WRIT ON PETITIONER'S BEHALF,